

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WEBER HAUS (110115)

Address: 312 CENTER ST, WONEWOC, WI 539689224

License Status: REGULAR

Licensed/Certified/Registered 10/31/1985

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094964 **End Date:** 05/19/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090741 **End Date:** 08/05/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007834 Served 08/09/2003

Deficiencies Cited
83.33(3)(a)1

Subject Area
PRACTITIONER'S WRITTEN ORDER FOR MEDS

Compliance
Verified
05/19/2005

Corrected
Yes

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090477 **End Date:** 06/10/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007796 Served 06/23/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	08/05/2003	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	08/05/2003	Yes
83.21(4)(o)	MEDICATIONS	08/05/2003	Yes
83.21(4)(r)	TREATMENT CHOICE	08/05/2003	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	08/05/2003	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	08/05/2003	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	08/05/2003	Yes

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Enforcement History

Date: 06/19/2003 SOD #10007796 Appealed: No

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.32(3)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(3)(e)

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